

Assistive Technology and Appliances

Definition: Assistive Technology and/or Appliances means a device, an item, piece of equipment, or product system, that is used to increase or improve functional capacities of participants thereby resulting in a decrease or avoidance of need for other services (e.g., personal care, respite, etc.) This service may include the evaluation of the assistive technology/appliance needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; and training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant. Appliances intended for general household utility that do not result in a decrease in need for other services are not covered. This service is not intended to replace traditional household appliances for the convenience of family/household members or caregivers. Additionally, devices, items, equipment and/or product systems not proven effective, or those considered experimental or trial are not covered. Repairs not covered by warranty are covered, and replacement of parts / equipment is covered, if these repairs or parts/equipment are not related to abuse, mistreatment or carelessness.

Arranging for the Service:

The need for Assistive Technology and Appliances must be identified and the specific item, piece of equipment, device, or appliance (the item) must be documented on the Plan. Once the need is determined and the item to meet the need documented, the method to be used to secure the item must be determined.

Reimbursement Method: If the participant / representative is willing and able to purchase the needed item and follow the specific instructions from the Financial Management Agency in order to be reimbursed, a needed item can be secured using this “reimbursement” method. When this method will be used, the **Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 1)]** will be used. The participant / representative must be given the specific instructions for requesting reimbursement from the Financial Management Agency. These instructions will be provided by the Financial Management Agency. The **Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 1)]** should reflect the needed item and the maximum amount allowed for the purchase of the item including any taxes or shipping that will be charged. The participant / representative will not be reimbursed for more than the “maximum amount” noted on the form. When the Authorization / Request is completed, copies of the form should be shared with the participant / representative and with the Financial Management Agency. The State Funded Community Supports (ATA 1) will remain in effect until a new authorization is issued or a Notice of Reduction or Termination is issued.

Financial Management Agency Purchase Method: If the participant / representative is not willing or able to be reimbursed for a purchased item, the needed item can be purchased by the Financial Management Agency and delivered to the participant.

When this option is used, the **Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 2)]** will be used. A description including any specifications for the item must be determined along with the maximum allowable cost. The maximum allowable cost should be determined by estimating the cost of the item plus tax and any potential shipping and handling charges. Very specific information must be provided to the Financial Management Agency so that needed items can be purchased. If needed, attach additional pages (e.g., printed manufacturer’s or supplier’s website that includes the specifications of the product to be purchased).

The maximum amount per month for the item must be noted. The Financial Management Agency will not purchase an item that costs in excess of the maximum amount noted on the **Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 2)]**.

Whether or not the participant / representative is willing to pick up the item from the Financial Management Agency’s offices or other Agency location rather than having the item shipped /delivered to the home should be noted. If the participant / representative is not willing to pick up item, the maximum monthly amount must include costs for shipping / handling / delivery.

The form must also indicate a shipping address for the item if the address is different than the participants address noted at the top of the Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 2)].

The maximum amount per month of the item must be added to the State Funded Community Supports Budget Calculator. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded.

When the Financial Management Agency determines the means by which items will be supplied, the Financial Management Agency will notify the Case Manager of the method and the cost of the item. The actual amount per month of the item must be added to the State Funded Community Supports Budget Calculator, to update the cost from the maximum to the actual.

The Authorization/Request for Assistive Technology and Appliances [State Funded Community Supports (ATA 2)] will remain in effect until a new authorization is issued or a Notice of Reduction or Termination is issued

Consultations: Consultations can be used to assess and determine the specific needs related to the participant's disability for which appliances and assistive technology will assist the participant to function more independently. Consultations must occur **prior to** the issuance of the authorization for the item. A Consultation may be authorized by completing the Authorization/Request for Assistive Technology and Appliances [**State Funded Community Supports (ATA 3)**]. The amount for a consultation for the **initial** placement of an item should not typically exceed \$300.00.

The need for Assistive Technology and Appliances must be documented in the Support Plan and the plan must be approved by the DDSN Waiver Admin Division before services can be authorized.

Monitoring the Services: "Assistive Technology and/or Appliances" must be included on the Plan; the Plan must be monitored in accordance with DDSN Case Management Standards.

Reduction or Termination of Services: When ADHC services are being reduced or terminated the **Notice of Reduction or Termination (SFCS Form 4)** must be used to notify the participant/representative, the provider and the Financial Management Agency. See the Case Management section for more information.